PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10760229

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPEO			OTHER THAN	
TOTAL CLAIMS			93					RATE	FEE	7	RATE	FEE
FC	OR		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS 23				ninus 20= *				X\$ 9=		OR	X\$18=	54
INDEPENDENT CLAIMS				ninus 3 =			·	X43=		OR	X86≃	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	824
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
_	<u> </u>	(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	***	01.494	= .		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MI	ULTIPLE DEPENDENT CLAIM				,	+145=		OR	+290=	
·								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
			AUDII. FEE			ADDII. FEE						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE
	Total	*	Minus	ŔŔ		=		X\$ 9≃		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	.445	-		.000	
				•			L	+145= TOTAL		OR	+290= TOTAL	
								DDIT. FEE		OR	ADDIT. FEE	
_		(Column 1) CLAIMS	· · · · · ·	(Colum		(Column 3)				*		
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	#		.		X\$ 9=		OR	X\$18=	·
	Independent	* .	Minus	**	·]	'n	╽┟	X43=	•		X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	the "Highest Nur	mber Previously Pai	id For IN THIS	S SPACE is	less than	20, enter "20."	. A			OR ,	TOTAL ADDIT. FEE	